DOCUMENT RESUME

ED 055 831 SE 012 354

TITLE Situation Reports--Ceylon, Costa Rica, Ghana, Haiti, Morocco, Sudan, Tunisia, and U.S.A.

INSTITUTION International Planned Parenthood Federation, London (England).

PUB DATE 71

NOTE 55p.

EDRS PRICE MF-$0.65 HC-$3.29

DESCRIPTORS Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in eight countries are presented in these situation reports. Countries included are Ceylon, Costa Rica, Ghana, Haiti, Morocco, Sudan, Tunisia, and the United States of America. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates, and G.N.P., for 1950, 1960, and latest date available. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (BL)

Situation Report

LIMITED
Distribution

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Country CEYLON

Date JUNE, 1971.

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839--2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			65,610 sq.kms.
TOTAL POPULATION	7,678,000	9,869,000	12,240,000 (1970)*
POPULATION GROWTH RATE	2.5	2.7	2.4% (1970)*
BIRTH RATE	34.7	36.6	31.7 per 1,000 (1970)*
DEATH RATE	12.4	8.6	8.0 per 1,000 (1970)*
INFANT MORTALITY RATE			53 per 1,000 (1970)
WOMEN IN FERTILE AGE GROUP (15-49)			2.9 million*
POPULATION UNDER 15			41% (1969)
URBAN POPULATION			19% (1967)
GNP PER CAPITA			US$140 (1967)
GNP PER CAPITA GROWTH RATE			0.7% (1960-69 average)
POPULATION PER DOCTOR			4,200 (1968)
POPULATION PER HOSPITAL BED			300 (1968)

* 1970 Local estimates.

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GENERAL BACKGROUND

Ceylon is a parliamentary democracy and a member of the Commonwealth of Nations. Executive power is vested in the Cabinet. The country is divided into 21 administrative districts in charge of government agents appointed by the central government. The capital and commercial center is Colombo.

Density is 179 per sq. km. of 1967 population. Only 5% reside in the two cities of 100,000 and over - Colombo and Dehiwala. 1.4 million was added to the population between 1965-70. By 1975 the population is expected to rise to 17.7 million - and take 29 years to double itself.

Ethnic Groups

Sinhalese form 69.4% of the population: Ceylon Tamils - 10.7%, Indian Tamils - 12%; Moors - 6.1%; Burghers, Eurasians & Veddahs - 0.63%.

Languages

Sinhalese is the official language and is spoken by about 70% of the people. Tamil and English are also widely spoken.

Religion

More than 60% of the population are Buddhist; about 20% Hindus; there are Christian, Roman Catholic and Muslim minorities.

Economy

Ceylon is primarily an agricultural economy. It is the second largest producer of black tea in the world. One third of its national income is derived from the cultivation and processing of tea. Its other main exports are rubber and coconut. It is now concentrating on developing its water resources and manufacturing and handicraft industries. It has a mixed economy and the government sector extends to 15 industrial corporations, insurance, transport and oil distribution. U.K. is its main trading partner; followed by China with which Ceylon has concluded a rice - rubber barter agreement.

Communications/Education

In 1967 - 16 daily newspapers were published with a circulation of 509,000 i.e. 44 newspapers per 1,000 population. Ceylon had 306 cinemas in 1968 with a seating capacity of 127,200. It also had 400,000 radio receivers and 28 transmitters in 1969.

Education is compulsory between the ages of 5-14 and free throughout. Over 80% of the children are in school. There are 8,618 primary and secondary schools; 24 teacher training schools and 8 special schools. There are also 4 universities (2 secular and 2 Buddhist); 2 medical colleges and many technical colleges.

Medical

There is an island network of hospitals, clinics and dispensaries, where treatment is free. In 1965 there were 674 hospital establishments with 38,302 hospital beds.

FAMILY PLANNING SITUATION

Family Planning work on an organised basis has been carried out for more than 16 years in Ceylon - by the Family Planning Association alone, until 1958, when the first agreement was made between the governments of Ceylon and Sweden for a pilot project. The Government of Ceylon assumed full responsibility for the provision of family planning clinic services in 1965.

Legislation

There is no anticontraceptive legislation in Ceylon.

Abortion

Legal for therapeutic reasons only.

Family Planning Association

Address

Family Planning Association of Ceylon,
23/5, Horton Place,
Colombo 7,
Ceylon.

Personnel

President:	Prof. D.A. Ranasinghe
Medical Director:	Dr. (Miss) Siva Chinnatamby
Honarary Secretary:	Mrs. E.C. Fernando
Honarary Treasurer/Honarary Excutive Director:	Mr. Vernon Peries
Asst. Honarary Treasurer:	Mrs. M.H. Billimoria

History

The FPA was founded in 1953 and became IPPF member in 1954. Some of the founder members pioneered family planning before the war - but during the war years this was brought to a halt. The first government grant was given to the Association in 1954 and 10 years later 155 clinics were operating throughout the country. As a result of the government assuming responsibility for the provision of clinics, most of these were handed over to the health authorities. The Association became an Incorporated body in April 1970.

Services

The Association provides clinical services through its 23 clinics (mainly in the Greater Colombo area and one at Kandy) and 3 mobile units, manned by 2 paid and 7 voluntary doctors, 9 nurses and 2 midwives. In 1970 - 4,699 new acceptors attended the clinics. The most popular method was the pill (1,336 patients) followed by IUD (1,233) and injectables (796); also chosen were traditional methods (852) and sterlisation (482); 19,499 old patients visited the clinics making a total attendance of 24,198.

Follow-up services were also provided. 4,401 papanicolaousmears and 10 biopsies were done in 1970. 451 new cases of infertility were treated at the subfertility clinic at the De Soysa Hospital for Women.

Training

169 doctors trained in 1970 for the government in one week courses which comprised of lectures and practical classes.

The Association actively participates in the Governments' programme for training of doctors and with the Lanke Mahila Samtiya (Ceylon Women's Organization). Lectures were also given by the Medical Director to 4th year medical students and post graduate nurses.

Education and Information

An Information Unit was recently set up with the help of SIDA. It is actively engaged in radio advertising, newspaper propoganda, new leaflets and slides for cinemas. 2 types of posters were printed and used on 30 double decker buses. Another 2 are being displayed at 50 large railway stations and despatched to 250 community centres and rural development societies. Also, 1971 calenders and stickers for barber's saloons were printed. 11 different leaflets were produced in 1970 - each in Tamil, English and Sinhala - and 211,000 distributed.

Information and education activities are directed mainly to the rural and estate areas. In 1970, 490 meetings and 102 discussion groups were held by the "Propoganda Officers" (Senior Motivation Officers). Exhibitions were held at the National Exhibition in Bathcaloa; Centenary of Ceylon Medical College on Human Rights Day, and at the Weekly Market Fair in Colombo. Also 4 seminars were organised, and the Association took active part in 3 seminars organised by the National Workers' Congress.

The Association carries on its mass media campaign through advertisement, press releases and features in the press. 380 film shows were held for married couples and other adults and further 90 shows held at the 2 main maternity hospitals and wards.

Whenever possible, contact is made through other bodies - religious and social. A sophisticated project implemented in Colombo South Hospital consists of short contact interview in maternity wards, group meetings, counselling interview, spot announcement on loudspeakers, automatic slide projectors, etc.

Research and Evaluation

Clinic trials and research are carried out for:-
1. Oral contraceptives of different dosages and progestrogens.
2. Long acting injectables.
3. Mini-Pill - Norethis terone acetate 0.6 m.g.
4. Nordiol tablets.

Plans

The Association is laying plans for a sex and population education programme, aimed both at formal school system and at informal channels. 3 members of the Association have received training for this project.

Government

Organization

The Assistant Director of Health (MCH) in the Maternal and Child Health Bureau is in charge of family planning services.

History

In 1958, the Government realizing the importance of family planning, came to an agreement with the Swedish Government "to co-operate in order to promote and facilitate a pilot project in community family planning to take place in two or more rural areas in Ceylon, with the aim of extending such activities on the basis of experience found on a nation wide scale". In 1965, family planning became a national policy. An Advisory Committee was formed in February 1966, from members of various departments, FPA, Sweden-Ceylon project and Planters' Association. In 1970, the Family Planning Bureau was converted into Maternal and Child Health Bureau and has administrative, training, education and motivation, evaluation, supplies and publicity units for family planning activities.

Services

Midwives are used to motivate mothers and issue traditional contraceptives when home-visiting. They also do follow up work to ensure the continuation of acceptance. Sterilisation is done in institutions with operating theatre facilities and IUD inserted only by trained medical officers. 112 doctors, 727 other medical personnel and 1935 fieldworkers provide family planning services in 437 hospitals and clinics and 1 mobile unit. 22 hospitals are engaged in a post partum program. The number of new acceptors by years are as follows:-

Year	Total	IUD	Orals	Traditional	Sterilisations
1966	15,000	10,000	1,000	1,000	3,000
1967	36,695	18,506	8,892	5,681	3,616
1968	48,164	20,615	16,014	6,325	5,210
1969	54,629	19,540	25,355	6,752	2,982

Incentives were provided but have recently been suspended.

	Rupees	US cents	
IUD - Doctors	2.5	42	
Midwives	1.5	25	
Orals	.75	13	(1 Rupee=16.9 cents)

Fees charged for condom and foams is 0.5 each (i.e. 1 cent).

Training

By the end of May 1970 personnel trained were - 925 medical officers, 34 registered and assistant medical practitioners, 654 public health inspectors, 473 nurses, 22 health educators and 2,348 midwives.

Family Planning training is also included in the courses of study at the medical faculties and training school for nurses and midwives.

Education and Information

Every possible opportunity is made use of, for educating and motivating the public. FPA assists the national programme in this field.

Research and Evaluation

Two follow up studies of loop acceptors were undertaken previously by the Evaluation Unit of the MCH Bureau. Another follow up study undertaken in 1969, to compare the continuation rates between orals and IUD. These studies reveal that the continuation rate for the IUD is very good. Out of 100 IUD acceptors, 87 retained the IUD for 1 year and 69 for the second year. The continuation rate for orals was disappointing - 35% and 26% respectively.

Plan

Government aims to reduce birth rate to 25 per 1,000 by 1975 and a rate of natural increase to 1.7% by that year. The target is 1 million acceptors by early part of 1975, three-fourths of whom are to be taken care of in the national programme.

OTHER ORGANISATIONS

IPPF provides assistance annually to the FPA.

United Nations Development Programme (UNDP) financed a mission comprised of experts from UN, UNESCO, and WHO, which visited Ceylon in January 1971 to review the country's family planning programme - particularly its overall organisation and policy and the implementation of the programme. The mission looked into the evaluation and research policies of the family planning programme and will make recommendations to the Government. In making the review the mission examined the programme within the overall context of Ceylon's economic and social development; explored the social and sociological factors in relation to attitudes and motivation in respect of family planning programme; identified special problems encountered in implementing the programme; studied needs for research; and will make recommendations for the continuance and improved efficaciousness of the programme and for the needs for external aid in securing them.

Swedish International Development Agency - has been providing assistance since 1958. Till 1968, with their assistance - 375 family planning clinics were equipped and 452 medical officers, 193 public health nurses, 526 public health inspectors, 1,261 public health midwives were trained in family planning. Aid was about $US 1.2 million. Since 1968, covering a period of 2 years, US$0.4 million was given to provide contraceptives, vehicles, clinical equipment, advisor in training and information and short-term consultants, if required.

Previously assistance was also provided by Population Council, Ford Foundation, Oxfam and Brush Foundation.

SOURCE

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UN - 1969 Demographic Year Book.

Europa Year Book - 1970

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IPPF Files

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Situation Report

Distribution LIMITED

Country COSTA RICA

Date JULY 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			50,700 sq.kms.[1]
Total population	800,875[1]	1,336,274 (1963 census)[1]	1,798,000 (1970)[2]
Population growth rate		4.4% (1958-61)[1]	3.4% (1963-69)[1]
Birth rate	48.7 (1950-54)	44-46 (1960-65)[1]	45.1 per 1,000 (1965-70)[2]
Death rate	11.5 (1950-54)[1]	8.6[1]	7.1 per 1,000 (1967)[1]
Infant mortality rate	87.8 (1950-54)[1]	72.5[1]	62.3 per 1,000 (1967)[1]
Women in fertile age group (15-49yrs)		284,429 (1963 census)[1]	377,000 (1970 estimate)[2]
Population under 15		47% (1963 census)[1]	47.9% (1970 estimate)[2]
Urban population			33.6% (1970)[2]
GNP per capita			450US$ (1963)[3]
GNP per capita growth rate			2.1% (1961-68)[3]
Population per doctor			1,300 (1969)[4]
Population per hospital bed			244 (1969)[4]

1. UN Demographic Yearbook
2. CELADE Boletin Demográfico
3. World Bank Atlas, 1970.
4. Fourth Report on the World Health Situation 1965-1968. WHO.

1. GENERAL BACKGROUND

The Central American republic of Costa Rica has one of the highest population growth rates in the Western Hemisphere, despite the fall in this rate since the late 1950s. At the present rate, the population will double within 18 years.

Ethnic

Approximately 80% of the population are white, and the remainder are mestizo.

Language

Spanish.

Religion

Roman Catholic.

Economy

Costa Rica is primarily an agricultural country, coffee and bananas being the chief products and exports. Forestry, mining, fisheries, and manufacturing, are also important.

Communications/Education

Roads are the main form of internal transport, supplemented by internal air services.

In 1967,[5] there were 5 daily newspapers: (circulation - 60 per 1,000 inhabitants). In 1961, there was one non-daily newspaper, and 14 other periodicals. Radio coverage is extensive; in 1960, there were 48 transmitters, and 91,000 receivers (1965). In 1968, there were 8 television transmitters, and 42,000 receivers (1967).

All elementary education, and offical secondary education, is free; and education is compulsory between the ages of 7 and 14 years. The Government of Costa Rica allocates approximately 25% of public expenditure to education. In 1966,[5] there were 296,058 pupils in primary schools, 49,582 pupils in secondary schools, and 7,502 students in higher education. The University of Costa Rica is in San José.

Medical/Social Welfare

The Ministry of Public Health is responsible for the health services at a national level; the Social Security Fund of Costa Rica (CCSS), and the private sector also provide services. In 1968, mother and child health care was available at 137 pre-natal centres and at 153 child-health centres; in the same year, 88% of recorded births took place in a hospital.[4] Induced abortion is becoming a serious health problem.

5. UNESCO Statistical Yearbook, 1969.

The Labour Code provides welfare benefits for employees.

II. FAMILY PLANNING SITUATION

There is a national Family Planning Programme, in which the Government takes part in cooperation with private organisations. A private family planning association was founded in 1966.

Attitudes

The President of the Republic has publicly endorsed the national Family Planning Programme, and there is widespread support for family planning among different sectors of the community, as well as within the Government. The Roman Catholic Church has taken a passive attitude towards birth control, although there has been considerable Catholic opposition to the IUD.

Legislation

Conventional contraceptives are sold commercially. Induced abortion is illegal.

Family Planning Association

History

Although family planning clinics were first established in 1963, the private Demographic Association of Costa Rica (ADC) was not founded until 1966. In 1967, it became a member of the IPPF. Its aims are to make a scientific study of population dynamics and of family integration, and to implement the recommendations which are developed on the basis of these studies.

Address

Asociación Demográfica Costarricense,
Apartado Postal 2815,
San José,
Costa Rica.

Personnel

President:	Dr. Rodrigo Gutiérrez,
Executive Director:	Sr.Victor Hugo Morgan
Director of Information and Education:	Sr. Carlos Cordero

Services

By 1970, the ADC was running only one family planning clinic, the Clínica Bíblica, as all other clinic services had been absorbed by the Ministry of Health. During the year, the clinic served 1,584 new acceptors, of whom 1,275 chose the oral pill as a contraceptive method.

The ADC is in charge of an effective commercial distribution system for oral contraceptives, which involves the majority of the pharmacies in the country. In 1970, 110 centreswere involved, and the ADC distributed a total of 169,550 cycles of orals, through these and other outlets.

Materials are distributed to support the clinical activities of the Ministry of Public Health and the CCSS; these include medical and clinical equipment, IUDs, oral pills, vaginal jellies and condoms.

The ADC initiated a cytology service in 1967. Pap smear tests are given free in the official clinics, and the slides are processed by the ADC in the official laboratory. In 1970, 30,159 slides were examined.

Education/Information

Since its foundation, the ADC's work in the field of education has contributed to the establishment of a favourable climate for family planning. The ADC's programmes are aimed not only at the motivation of potential acceptors, but also at reaching all social and economic groups in order to promote the family planning programme. Extensive use is made of the mass media in achieving these objectives.

In 1970, the ADC involved several national leaders in the campaign to promote family planning, through filmed television testimonials, press coverage, and their personal participation in group activities. The press, radio and television were all used to publicize family planning; the Association estimated that it reached a radio audience of 850,000, and a television audience of 500,000.

The Association deals directly with publishers, and distributes large amounts of literature. Its publishing programme is the largest in the Western Hemisphere, producing books, monographs, brochures, slide sets, flip charts, posters and translations. A newsletter, "Planifamilia", has been published since 1966.

With its technical assistance sector, the ADC provides assistance in the form of teaching and educational materials, training of educators, and financial contributions, to the Centre of Social Studies and Population of the University of Costa Rica (CESPO), the Centre for Family Guidance, and the Ministries of Public Health and Education.

Training

The Association does not run its own training programme. However, it supports other institutions' training activities through the provision of literature, films, and other aids, and through direct participation by ADC advisers in training courses. Assistance in training has been given to the CCSS, to the Ministries of Public Health and Education, to CESPO, and to the Centre for Family Guidance.

The ADC also collaborates with a large number of agencies in the organisation of seminars and training courses; in 1970, 15 such courses were held, for doctors and other medical professionals, parents, educators, social workers, and union leaders.

Research

Early in 1970, a research unit was set up. Several projects have been completed or are underway, some of these in cooperation with universities in Costa Rica and abroad and with educational institutions.

According to the study "Basic Demographic Statistics in Costa Rica", by Ricardo Jimenez J., (ADC 1970), the birth rate in 1969 was 34.5 per 1,000.

Government

History

The Government decision to formulate a national population policy was taken in 1966, and in the following year a Population Office was set up within the Ministry of Public Health. A National Programme on Population Policy was designed with the assistance of USAID, PAHO and the Ford Foundation. An official pilot project was initiated early in 1968, with the financial assistance of USAID.

Following the pilot project's success the programme was developed on a national basis within the Governments mother and child health service. An agreement was made with the University of Costa Rica under which the latter undertook to provide the academic training for the programme's medical and paramedical staff. In the first year of its activities, in 1968, CESPO, the University training centre, trained the staff for the 37 Government clinics. By 1969, the Government was providing family planning services in 69 health centres and 3 hospitals, and by 1970, in 75 health centres, 7 mobile units, and 6 hospitals.

All population activities in the country are coordinated by the National Population Committee, formed by the Ministries of Public Health and of Education, the University of Costa Rica, the ADC, the Centre for Family Guidance, and the CCSS.

The CCSS began to provide family planning services within its health facilities in February 1970, following negotiations with the ADC.

A significant development in 1970 was the evaluation of the national programme under a technical assistance project of the United Nations Fund for Population Activities.

Services

All Government health centres providing family planning services are staffed with personnel who have been trained in family planning; each woman receives a gynaecological examination, a Pap smear test, and information and advice on contraceptives. If a woman chooses an oral contraceptive, she receives a prescription and coupons which enable her to buy the pills at a pharmacy at a subsidised price.

In 1970,[6] the government service attended a total of 12,696 new acceptors, and 46,428 follow-up visits. The CCSS attended 4,673 new

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6. Annual Report for 1970, presented to IPPF, by the Asociacion Demografica Costarricense.

and 7,884 old acceptors in 1970. The majority of women chose the oral pill. The national programme also includes infertility and gynaecological treatment, post-natal care, guidance on child welfare and nutrition, and marriage counselling, within its services.

Education/Information

The Ministry of Public Health runs educational programmes within the health centres, to inform and motivate the general public.

In March 1970, a Department for Technical Assistance and Supervision in Family Planning and Sex Education was officially established within the Ministry of Education. The Department, in collaboration with other educational authorities, is to develop education on responsible parenthood, on the family and marriage, within the school curricula, and is to organise seminars and courses to train teaching staff.

Other Organisations

Centro de Estudios Sociales de Población: CESPO

CESPO was established in May 1968, within the Medical School of the University of Costa Rica; it is sponsored by the University, CELADE, and the ADC. Its aim is the investigation of the social aspects of development and of population dynamics, and one of its chief activities is the organisation of a training programme is to be set up within the University.

Centro de Orientación Familiar (Centre for Family Guidance)

The Centre, which was set up in 1968, is sponsored and assisted by the ADC. Its aim is to promote sex education as a basis for responsible parenthood, through the preparation of materials and of programmes, through general advisory and marriage guidance services, and through publicity campaigns, using radio, television, the press and literature. The Centre runs a large number of courses for all age groups; in 1969, 86 courses were attended by 4,020 people.

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Situation Report

Distribution

LIMITED

Country GHANA

Date JULY 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE STATISTICS
Area			238,537 sq.kms.
Total Population		6,727,000	8,546,000 (1970)*1
Population Growth Rate			2.7 (1960-1970)*1
Birth Rate			47 - 52 per 1,000 (1968) *2
Death Rate		23 per 1,000	17 per 1,000 (1968)*2
Infant mortality			160 per 1,000(1960)*2
Women of fertile age (15-44)			2 million
Population under 15			45%
Urban Population		23%	30% (1969)*2
Life expectancy		40 years	
GNP per capita			$170 (1968)
GNP per capita growth rate			-.7% (1961-68)
Population per doctor			14,100 (1966)
Population per hospital bed			800 (1966)

GENERAL BACKGROUND

Ghana became an independent state in 1957, the first tropical African country to break away from colonial rule. The period of rule under President Nkrumah was followed by 3½ years of a military regime, until the National Liberation Council transferred power to a civilian Government in 1969, under the leadership of Dr. K.Busia.

*1 Result of 1970 Census.

*2 Local estimate.

ETHNIC GROUPS

There are about 75 different tribal groups in Ghana. The largest are the Akan, Mole - Dagbani, Ewe, and Ga - Adangbe. The northern tribes are more traditional in both custom and religion.

LANGUAGE

English is the official language. Of Ghanaian languages, Akin is most widely spoken in Ashanti and the coastal regions. The other main languages are Ga (Accra plain), Ewe (Volta), Nzima (West Takoradi), Dagbani, Hausa amd Moshie in the North. In all, there are 75 different languages and dialects.

RELIGION

The majority follow local beliefs. Christians, situated mainly in the South, are 43% while Moslems, concentrated in the North, are c. 12%.

ECONOMY

Primarily an agricultural country. Ghana's largest export is cocoa, which accounted for well over half the total value of exports in 1969. Agricultural incentives are given by the Goverament. The country is trying to develop its fisheries as a source of food, but still has to import fish. About 12% of all imports are food. Electric power comes from the Volta River dam, which began generating power in 1966. By 1968 the Volta River Authority supplied nearly the total national demand. Ghana's minerals include bauxite, gold, diamonds and manganese. Timber is also an important export.

It is estimated that about 61% of the population is engaged in agricultural pursuits, and about 31% in services. The southern part of the country contains the majority of the population, and is generally more developed. Population density is c. 90 per square mile.

COMMUNICATIONS/EDUCATION

Newspapers	36 copies per 1,000 (1967)
Cinema	9.6 seats per 1,000 (1970)
Radio	103 sets per 1,000 (1970)
T.V.	1.15 sets per 1,000 (1970)

The road system is good by tropical African standards.

Schools:	Primary 1967-68	1,072,523 pupils
	Secondary 1967-68	43,889 pupils
	University 1967-68	4,878 students.

Education is compulsory between the ages of 6 and 16, and an estimated 30% of Ghana's adult population were literate in 1969.

MEDICAL

The Ghana Medical School's first group of 40 physicians graduated in 1969. Nursing Schools produce about 130 SRNs per year. In 1961 there were over 6,000 hospital beds in 42 Government Hospitals, with another 4,000 or so operated by missions, mining companies and private practitioners. There are about 550 physicians, the majority of who are on the staff of the Ministry of Health. The Ministry also employs 3,500 nurses, and 550 midwives. Health facilities in the northern regions are often poor.

FAMILY PLANNING SITUATION

Family Planning services are provided from three main sources, the Government, the Planned Parenthood Association, and the Christian Council of Ghana. Government policy to implement a family planning programme was launched in 1970, while PPAG was formed in 1967 and now runs 11 clinics. The Christian Council offers family planning service at 4 clinics. Both PPAG and the Government have adopted the red triangle symbol.

In September 1970 a comprehensive evaluation was introduced into all family planning clinics as part of the National Programme.

HISTORY

A Family Planning Committee was formed in 1960, and the Christian Council of Ghana started a Family Planning Advice Centre on the premises of the Y.W.C.A. in Accra in 1961. The initiative for the formation of a Family Planning Association came from a group of doctors attending the IPPF Copenhagen Conference in 1966, and the PPAG was established the following year. The Association became a member of IPPF in 1968.

Demography was introduced in the Sociology Department of the University of Ghana in 1959, and a separate Demographic Unit was set up within the Department in 1966 as a centre for demographic research.

The Government of Ghana was the first West African country to adopt a population policy. The policy was officially launched in May 1970.

LEGISLATION

None gainst family planning provided by a qualified medical practitioner.

FAMILY PLANNING ASSOCIATION ADDRESS

Planned Parenthood Association of Ghana,
P.O. Box 5756,
Accra,
Ghana.

PERSONNEL

P.P.A.G.	President	:	I.Akom Mensah
	Vice-President	:	Rev.A.E. Bannerman
	Executive Secretary	:	Mr.E.K. Okoh
	General Advisor	:	Dr.M.A. Barnor

SERVICES

The Association's 11 clinics saw a total of 28,930 patients in 1970, of which 13,880 were new clients. IUDs and oral pills were about equally the most popular form of contraception, while diaphragms had poor acceptance. The 1970 patient visits figure was about 5,000 more than the 1969 total.

The Association carried out a study of IUD patients over the 2 years 1969-70. The study covered 506 clients fitted with different sizes of Lippes Loops. Results showed that removal accounted for most IUD drop outs 17.6% had been removed by the end of 2 years. Expulsions accounted for 8.8%, and pregnancy for 3.3% of drop outs. 71% were known to be still in situ, a large proportion for so long a period.

EUDCATION/INFORMATION

48 field workers will be employed by the Association by the end of 1971. It is hoped to increase this number to 68 in 1972. Training aims to educate fieldworkers in motivation techniques and methods of instruction. The Government Programme does not employ fieldworkers. In August 1970 a full-time Information and Education Officer was appointed by the PPAG.

An educational programme aimed at industrial areas and military camps has begun. In contrast to earlier programmes, the purpose of this attempt is to involve the male population in family planning. In 1967 IPPF financed the making of a 16mm colour motivation film for Ghanaian villages called "Planning Your Family", in English and 5 Ghanaian dialects.

The PPAG held well over a thousand lectures and meetings during 1970, and a Family Planning Week was organised in September. The week involved puppet shows, radio and T.V. discussions, as well as demonstrations, talks and a jumble sale to raise funds. Over 24,000 leaflets and booklets in 6 languages were distributed by the Association. Full use was made of the mass media, including radio, television, newspapers and outdoor advertising. A family planning play was performed by the Women's Ecumenical Conference.

In November 1970 the IPPF sponsored Workshop on Family Planning Education in Africa took place in Accra. 11 African countries participated.

All drivers of PPAG are now trained as Cinema and Film Projectionists. Training is conducted by the Cinema Division of the Government Information Service, giving general instruction on the handling and maintenance of films and projectors.

TRAINING

The main training programme organised by PPAG is for fieldworkers. Fieldworkers are employed full-time in educational and motivation work, visiting homes, clinics and Government institutions. Training programmes have recently been revised and include role playing, film and puppet shows, use of visual aids such as flip charts and flannel graphs, and some practical experience of visiting homes and clinics.

A refresher course for the first batch of fieldworkers recruited 2 years previously was held in May 1971, while 1972 plans envisage the recruitment of a few male fieldworkers for the first time to help in the motivation of male patients.

PLANS

PPAG will establish a full-time clinic at Wenchi (Brong Ahafo Region) in 1972. The Information and Education Section plan to tackle the sex education field in future programmes.

Following the establishment of the National Programme, PPAG has outlined its future role according to the following broad goals:

a) to extend clinic services to urban areas not satisfactorily served by Government facilities; e.g. industrial areas, military camps, agricultural camps and University campuses:

b) to concentrate on rural work - the extension of education and motivation and also clinic services;

c) to expand and improve fieldwork activities.

PPAG is represented on the National Family Planning Council, but does not receive Government funds.

GOVERNMENT

The Government decided to adopt a population policy in 1969. This decision was ratified by the new civilian Government and the National Family Planning Programme was officially launched in May 1970, under the Directorship of Dr.A.A. Armar. The Prime Minister formerly inaugurated the National Family Planning Council in March 1971. Mrs. Naa Morkar Busia is Chairman, and Dr. M.A. Barnor, Vice-Chairman. In April 1971, the Prime Minister created a Development Planning Secretariat, which took over responsibility for a number of subjects formerly dealt with by the Ministry of Finance and Economic Planning, including implementation of the National Family Planning Programme.

Policy of the National Programme aims at reducing fertility, morbidity, and mortality, and controlling internal migration to avoid over-urbanisation. Targets set by the programme forecast an estimated total of 50,000 births prevented in the 5 years 1970-74. The initial phase of the programme is concentrating on providing family planning services at the larger Government hospitals. At present family planning services are available at about 60 locations.

GOVERNMENT TRAINING

The Government now has training programmes for Family Planning Nurses. The course lasts 8 weeks, during which time participants are expected to perform at least 20 IUD insertions, and 50 pelvic examinations. Graduates of this course are accepted by the Government as qualified to operate clinics independently, and to provide all family planning services, including IUD insertions under medical supervision. The Government also runs a course for family planning doctors.

No Government training of field workers is carried out.

National Family Planning Council

Chairman: Mrs. Naa Morkar Busia

Vice-Chairman and Chairman of Executive Committee: Dr. M.A. Barnor

Executive Director: Dr. A.A. Armar

Director of Information and Education: Mr. Martin Tay

Address:

National Family Planning Programme,
Development Planning Secretariat,
P.O. Box M.76,
Accra,
Ghana.

The Government recently signed a commodity agreement with US AID for the provision of contraceptives and medical supplies on a bilateral basis for the National Programme. This agreement replaced a provisional arrangement whereby IPPF initially provided supplies to the Ghana Government. The National Programme, in conjunction with PPAG and the Christian Council organised a family planning stand at the second Ghana International Trade Fair in February 1971.

OTHER ORGANISATIONS

The Christian Council of Ghana now provides family planning services at 4 centres in Accra, Tema, Kumasi and Ho. (Clinic at Takoradi closed in September 1970).

Christian Council of Ghana,
Committee on Christian Marriage and Family Life,
P.O. Box 919,
Accra.

Secretary: Mrs. C.Forrester-Paton.

At the 5 clinics run by the Christian Council of Ghana during 1970 a total of 2,403 patient visits were made, 905 of which were new patients. This figure for new patients was an increase of 286% over the previous year. At these clinics the average woman reporting had had 6.5 pregnancies, and allowing for still birth, child mortality and miscarriage was left with 5 living children. 2,145 infertility patients were also seen with 20 successes.

The Christian Council held a training course for Family Advisers (part-time voluntary workers) in Cape Coast during September 1970.

Pathfinder Fund: has assisted the PPAG in the initial stages and taken part in an IUD evaluation study.

USAID: gives support for a variety of activities related to family planning, including several awards for training in the United States, and finance for the Demographic Unit's sample survey. A recent bilateral agreement was signed with the Ghana Government for the provision of contraceptives and medical supplies.

The Population Council: helps support the Demographic Unit at the University of Ghana. Total support to this Unit will reach $300,000 by 1972. It also provides assistance to the post-partum programme at Korle Bu Hospital.

Ford Foundation: has helped finance overseas training trips for PPAG midwives. A Ford Foundation financed advisory team is involved with economic planning, and advisory assistance has been given to the National Family Planning Programme.

IPPF: continues to provide the main support for PPAG, and some to the Christian Council. IPPF's West African Representative is based in Accra.

Dr. Jean-Claude Garnier,
IPPF Representative in West Africa,
P.O. Box 7699,
Accra.

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3. Caldwell, J.C. - Extended Family Obligations and Education. A Study on demographic transition amongst Ghanaian University Students. Population Studies Vol. XIX, No.2 November 1965.

4. Caldwell, J.C. - Fertility Differentials as Evidence of Incipient Decline in a Developing Country. The Case of Ghana. Population Studies Vol. XXI, No.1, July 1967.

5. Caldwell, J.C. - Population Growth and Family Change in Africa: The New Urban Elite in Ghana.

6. Gaisie, S.K. - Dynamics of Population Growth in Ghana, March 1969. State Publishing Corporation, Tema, Ghana.

7. Pool, D.I. (1967) - Social Change and Interest in Family Planning in Ghana: An Explanatory Analysis. Department of Sociology, University of Western Ontario, London, Canada.

Also published in Studies in Family Planning, No.25, December 1967.

8. PPAG - Newsletter No.1. March 1971

9. PPAG - Annual Report to IPPF, 1970.

APPENDIX 1. FAMILY PLANNING CLINICS

REGION		LOCALITY	ADDRESS, CLINIC DAYS AND TIME
1. (a) Greater Accra	i.	Lartebiokorshie, House No. B24/3 Nasia Road, Off Link Road.	P.O. Box 5756, Accra Telephone No.24104, Clinic days - Monday to Friday - 2 p.m.
	ii.	Ridge Hospital	Clinic day - Friday 2 p.m.
	iii.	Korle Bu Hospital	(a) Old Maternity Out-Patients Dept. Clinic days - Tuesdays and Thursdays 1 p.m. (b) Maternity Hospital Post Partum programme Saturday 9 a.m.
	iv.	Military Hospital	Gynaecology Section Clinic day - Wednesday 2 p.m.
	v.	Osu, Lokko Road Near Mobile Filling Station	Women's Centre, P.O. Box 919, Accra. Clinic day - Fridays 2-4.p.m.
	vi.	Osu Salem Hospital	By Appointment
(b) Tema		Tema Presbyterian Church Community No.1.	1st and 3rd Mondays of each month - 4-6.30 p.m.
2. Eastern	i.	Koforidua opposite Child Welfare Centre	House No.1, 16 Queen Street, P.O. Box 253 Telephone No.2362 Clinic day - Wednesday 2 p.m.
	ii.	Tafo Central Hospital	Telephone No.2436 New Tafo
	iii.	Kwahu Hospital	Seventh Day Adventist Mission, P.O. Box 27, Atibie-Mpraeso.

REGION	LOCALITY	ADDRESS, CLINIC DAYS AND TIME
	iv. Begoro	The Salvation Army Clinic, P.O. Box 10, Begoro.
3. Central	i. Cape Coast	Child Welfare Centre, Clinic days - Tuesday, 2 p.m.
	ii. Baah	Salvation Army Clinic.
4. Western	i. Takoradi opposite Harbour Roundabout	P.O. Box 149, Takoradi. Tel.No. 2140 Clinic days - Monday-Wednesday 2 p.m.
	ii. Neighbourhood Centre	1st and 3rd Thursday each month 5-6.30 p.m.
	iii. Tarkwa	Government Hospital Wednesday 2 p.m.
5. Volta	i. Ho-Kpodzi old Church Offices	1st and 3rd Wednesday of each month 2-5 p.m.
	ii. Worawora	Ewe Presbyterian Hospital Telephone No.8
	iii. Adidome	Adidome Hospital
	iv. Boso	Salvation Army Clinic P.O. Box 6, Boso.
6. Ashanti	i. Harper Road, Opposite Kumasi City Council	P.O. Box 3672, Telephone No.5004 Clinic days - Monday,Tuesday, Wednesday and Friday 2 p.m.
	ii. Odum Clinic	Clinic days - Wednesday 3-5 p.m.
	iii. Mampong	St.Monica's Maternity Hospital,P.O.Box 34, Mampong, Ashanti.

REGION	LOCALITY	ADDRESS, CLINIC DAYS AND TIME
	iv. Agogo Hospital	Basel Mission, P.O. Box 27, Agogo.
7. Brong Ahafo	i. Sunyani	Central Hospital
	ii. Wenchi	Methodist Hospital
	iii. Nkoranza	Government Clinic
	iv. Nsorkoh	Government Clinic
8. Northern	i. Tamale	Central Hospital
9. Upper	i. Bawku	Bawku Hospital

Situation Report

Distribution LIMITED

Country HAITI

Date JULY 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			27,750 sq.kms.[1]
Total Population	3,097,304[1]	3,846,000 (1958E)	5,229,000 (1970)[2]
Population growth rate			2.0% (1963-69)[1]
Birth Rate		45-50 (1960-64)[1]	43.9 per 1,000 (1965-70)[2]
Death Rate		20-24 (1960-64)[1]	19.7 per 1,000 (1970)[2]
Infant mortality rate			146.5 per 1,000 (1968E)[3]
Women in fertile age group (15-49 yrs)			1,204,000 (1970)[2]
Population under 15			42.5% (1970)[2]
Urban population			25% (1970)[4]
GNP per capita			US$70 (1968)[5]
GNP per capita growth rate			-3.3% (1961-68)[5]
Population per doctor			13,150 (1967)[6]
Population per hospital bed			1,370 (1967)[6]

Note: statistical data for Haiti are incomplete and often unreliable.

1. UN Demographic Yearbook.
2. CELADE, Boletin Demografico
3. Fourth Report on the World Health Situation, 1965-1968, WHO.
4. Ministry of Public Health and Population of Haiti, estimate.
5. World Bank Atlas, 1970.
6. UN Statistical Yearbook.

E - Estimate

1. GENERAL BACKGROUND

The republic of Haiti lies in the western part of the island of Hispaniola. Political stability seems to have been maintained following the deathof President Duvalier in April 1971, and the takeover by his son.

The present population growth rate is estimated by CELADE as 2.4% per annum; at this rate the population will double itself within 28 years. Haiti has the lowest per capita income, the highest levels of illiteracy, and the highest mortality rate in the Western Hemisphere.

Ethnic

The majority of the population are negro, descendants of the former slaves.

Language

French is the official language; however, creole is very widely spoken.

Religion

Roman Catholicism: the voodoo folk-religion is wide-spread.

Economy

The economy is mainly agricultural; coffee and sugar are among the chief products. Industry is very limited.

Communications/Education

The transport system is poorly developed; there are only 252 miles of paved roads.

In 1965-1967,[7] there were 5 daily newspapers, (6 per 1,000 inhabitants), and 6 non-daily newspapers (2 per 1,000). In 1964, there were 20 cinemas, with 3 seats per 1,000 inhabitants. Radio and television coverage is very limited: 1965, 26 radio transmitters, and in 1968, one private television station. In 1968, there were 80,000 radio and 11,000 television receivers.

Elementary education is free when it is available. Education is compulsory from 7 to 14 years. School attendance is low: in 1966, there were 286,187 primary pupils, 21,010 secondary pupils, and 1,527 students in higher education.

Medical/Social Welfare

Health services are provided by the Government and by the private sector. Health coverage and staffing of facilities is very inadequate. The major public health problems are deficient environmental sanitation, a high general and infant mortality rate, malnutrition and a high birth rate.

There is a Division of Population within the Ministry of Public Health and Population, which is in charge of demographic and vital statistics. In 1968, mother and child care was provided in 26 centres.

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7. UNESCO Statistical Yearbook, 1969.

Welfare services are very limited. Industrial and commercial workers receive free health care.

II. FAMILY PLANNING SITUATION

Attempts by private individuals to form a family planning association have not been successful. However family planning services are available from several privately supported clinics, many of them run by Protestant missionary groups. The representatives of 14 of these clinics have been meeting together as a Family Planning Committee, under the guidance of the Church World Service.

Attitudes

Government policy has prevented the formal organisation of a family planning association. However, the Government is concerned to improve mother and child health care, and it is represented at meetings of the Family Planning Committee. In 1969, a Government Decree set up a Children's Office within the Ministry of Public Health and Population, but there is no information available on the Decree's implementation. The Office would coordinate family planning at the national level, with emphasis on mother and child health and on responsible parenthood.

There is no apparent opposition to birth control from the Roman Catholic Church.

Family Planning Association

History

There is no organised family planning association in Haiti. The Family Planning Committee continues to meet, and in 1970 organised the First Haitian Family Planning Seminar. Assistance was received from Oxfam of Canada, PAHO, the Pathfinder Fund, and Church World Service. The IPPF and the Population Council supplied resource material. The Seminar, which lasted from September 28th to October 16th included two sessions, the first for doctors and nurses, and the second for auxiliary medical personnel. Some Government officials were among those presenting papers. The Seminar revealed considerable interest among medical professionals, missionaries and educators, in developing an organised family planning programme.

One of the leading institutions involved in family planning is the Family Hygiene Centre of the Unitarian Universalist Service Committee.

Address

The Centre's address is as follows:

Centre d'Hygiene Familiale,
10 Premiere Impasse Lavaud,
Boite Postale 430,
Porte-au-Prince,
Haiti.

Personnel

The Director of the Centre is Dr. Ary Bordes.

Services

Today, family planning services hardly exist outside the capital, Port-au-Prince, and its immediate area. In 1967, contraceptive services were available at 21 private clinics throughout the country, and the most commonly used method was the IUD. By 1970, only 9 clinics still had a family planning service but they offered a wider range of methods, including the oral contraceptive pill and creams, as well as the IUD.

In 1967, an estimated 7,000 rural women from low income groups were receiving a contraceptive service but there has been a great decline in the number of acceptors. One of the reasons was resistance to the IUD. The results of a study made by the Pathfinder Fund in 1970, showed that the following factors were obstacles to the acceptance and use of family planning services: the lack of trained medical and para-medical personnel: the lack of motivation among the general population: the lack of qualified motivational staff to work in clinics: and the unavailability of a variety of contraceptive methods.

Education/Information

According to the Family Planning Committee's secretary, Dr. Nicole Garnier, there is some radio broadcasting on health education. But in general, there is a serious lack of information and education on family planning and on related subjects. The high illiteracy level, and the poor communications' system, make the development of a comprehensive programme very difficult. The Pathfinder Fund plans to collaborate with the Family Planning Committee in an educational and training programme.

Training

Under the Pathfinder project, training of family planning motivators is to be undertaken in 1971.

Sources

The Europa Yearbook, Vol.II. 1971.

"The First Haitian Seminar in Family Planning": report by Jessie Laird Brodie, M.D., field representative of the Pathfinder Fund.

"Etat Actuel de la Planification Familiale en Haiti": paper presented at the First Haitian Family Planning Seminar, October 1970, by Dr. Nicole Garnier.

Situation Report

Distribution LIMITED

Country MOROCCO

Date AUGUST 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE STATISTICS
Area			444,000 sq.kms.
Total population		11,626,000*	15,050,000 (1969)
Population Growth Rate	2.7%		3.3% (1970)
Birth Rate			50 per 1,000 (1970)
Death Rate			17 per 1,000 (1970)
Infant mortality rate			150 per 1,000 (1965)
Women of fertile age (15-44)			3.1 million (1970)
Population under 15			47% (1969)
Urban population			32.1% *(1970)
GNP per capita			US$190 (1968)
GNP per capita growth rate			0.4% (1961-68)
Population per doctor			12,000 (1969)
Hospital bed/population ratio			1.5 per 1,000 (1969)

GENERAL BACKGROUND

Morocco became independent of France in 1956, and is now a constitutional monarchy. The present head of state is King Hassan II.

The registration of births and deaths has been compulsory since 1963, but the services of registrars are not able to cover the whole country. The last census took place in 960, and another is scheduled to take place during 1971.

* Local estimate

ETHNIC GROUPS

Approximately 35% are Berbers, living mainly in mountain villages. The Arabic speaking majority is concentrated in the lowland towns. There are small European and Jewish minorities.

LANGUAGE

The official language is Arabic. French is widely spoken, and some Spanish in the north. The Berbers have their own language.

RELIGION

The established religion is Islam. A small minority are Roman Catholic.

ECONOMY

Morocco's physical geography is dominated by the Atlas mountains. The northern part of the country has a Mediterranean type climate, but this gives way southward to semi-arid and eventually desert conditions. The economy is primarily agricultural: about 65% of the active labour force is engaged in agriculture, livestock raising and fishing. It is almost self-sufficient in food. Approximately half total exports are agricultural produce. Principal crops are cereals, vegetables, citrus fruits and spices. Other important products are cork and timber, wine, and fish. Sugar beet and cotton are of growing importance as industrial crops.

Morocco is rich in mineral resources. Most important are: phosphates, cobalt, manganese, iron ore, lead, zinc and coal. Manufacturing industry is growing in importance and accounted for 17% of GNP in 1968. In 1968 main exports in order of importance were: phosphates, citrus fruit, tomatoes, preserved fish, fresh vegetables and lead ore.

COMMUNICATIONS/EDUCATION

School enrolment	Primary	Secondary
1970	2,327,000	372,000

Instruction is in Arabic in the first two years, and Arabic and French in the following three years. About a quarter of the teachers are French. There are three universities, and a new one is due to open in Tangier during the autumn 1971.

Media

Radio: 78 sets per 1,000 population (1969)
Television: 6 sets per 1,000 population (1969)

10 local daily newspapers cover 4 main towns, 5 in French, 4 in Arabic, and one in Spanish.

Transport .

The transport system is well developed; road, rail, air and port facilities are all good. The paved highway system is the second longest in Africa (after South Africa). There are 11 commercial airfields, of which 7 are served by regular schedules. Morocco has 12 ports of varying importance.

FAMILY PLANNING SITUATION

Family planning services are integrated into the national health programme and are now offered in 180 health centres and about 600 smaller dispensaries. Family planning advice in maternity hospitals is given in Rabat. An Association (l'Association Morocaine de Planification Familiale) was formed in late 1970, but is still in the process of organizing. The Association will develop educational and motivational programmes to complement Government family planning services.

LEGISLATION

No anti-contraceptive legislation since 1967. Abortion is permitted if carried out by doctors or surgeons, to safeguard the health of the mother.

FAMILY PLANNING ASSOCIATION

L'Association Marocaine de Planification Familiale,
Ministere Sante Publique,
Rabat,
Morocco.

PERSONNEL

President: Madame Zahra Doukkali
Secretary General: Dr. Abdelkader Laraqui

GOVERNMENT

The impetus to the Government's population policy came from the results of the 1960 census, which indicated the dangers inherent in the country's rapid population growth rate. In 1966 a Superior Commission for Population was established, anti-contraceptive legislation was removed, and the first family planning clinics opened at Casablanca, Rabat, Meknes and Marrakech. An important commitment to family planning was made in 1968 when the Government gave it priority in its 1968-72 Five Year Plan. Family Planning services were to be provided in hospitals, health centres, and dispensaries throughout the country. Some resistance has been experienced in rural areas.

RESEARCH

A survey to determine the knowledge and attitudes of the population with regard to family planning was conducted by the Statistics Division of the Planning Secretariat during 1966-67. Some 4,000 households were intereviewed. Results of the sample survey showed attitudes as to ideal

family size as follows:

	Urban	Rural
Women	3.3 children	4.6 children
Men	3.1 children	4.1 children

About 45% of the sample admitted knowing that a woman could avoid pregnancy if wanted. Non-practitioners of contraception were approximately 90%. The rate of approval for family planning was 50% for both men and women. Rural women tended to marry earlier: 50% married before the age of 15.

Assistance with demographic data has come from the National Institute of Statistics and Applied Economics. Recently, an Experimental Centre for Demographic Research and Surveys (CERED) was established.

SERVICES

Early emphasis was on IUDs, but pills are slowly becoming more acceptable, and the insertion rate for IUDs has stabilized. In 1970 Government statistics showed 45,611 new patient visits. The figure for 1968 had been 104,403. In 1970 there were 10,091 new pill acceptors, and 7,682 IUDs inserted. 549 new clients accepted condoms. All these figures are a drop on the 1968 figures.

The national family planning programme recognizes that family planning education and information is one of its most difficult and important tasks. In April 1970 the Superior Planning Council, in evaluating the progress of the Five Year Plan, recommended that the Ministry of Information collaborate with the Ministry of Health in a broad based family planning education and information programme.

The education and information programme outlined in the Government's plan of action includes use of all available mass media in spreading information about family planning: radio, television, posters, films etc.

Seminars have been held since 1966: the latest in January 1971 was attended by 80 physicians and paramedical personnel. These seminars have had good newspaper coverage.

TRAINING

Training in family planning is given to public health personnel, and in 1966 seven doctors and five nurses and para-medical workers attended the IPPF Regional training scheme in Brussels and London.

The first group of 35 'animators' began a three month training course in October 1968.

It is planned to establish a pilot training centre at Kenitra, a town 30 miles north of Rabat. This will be a full fledged demonstration and training unit, where the latest method can be tested, and personnel at all levels brought together for instruction. This centre would be part of an over-all plan known as the Sebou Project, to be undertaken by the Government with the help of foreign aid agencies, in an attempt to develop the whole region.

OTHER ORGANISATIONS

IPPF trained a group of Moroccan doctors and nurses in London and Brussels in 1966, and is aiding the newly formed FPA.

Ford Foundation has given a grant for KAP study and considerable cash contributions to the Ministry of Health's family planning programme.

Population Council has supplied most of the outside advice on family planning. It has worked closely with the Ford Foundation.

USAID has given sizeable cash contributions to the Ministry of Health for various family planning activities, and a separate grant for the purchase of contraceptives. AID maintains a public health adviser in Rabat to help with family planning work.

Swedish International Development Agency has contributed vehicles.

The French Government has given technical aid which included census evaluation teams, and grants for demographic study in France.

SOURCES

Newton Booth Knox - Population Programmes of Morocco, Tunis, 1 June 1971.

Population Council - Studies in Family Planning: Morocco: Family Planning Knowledge, Attitudes, and Practice.

M'hamed Ouakrim - Programme de Planification Familiale au Maroc; paper delivered at the Third Annual Conference on Demographic Problems of the Organisation de Cooperation et de Developpement Economiques, Paris, December 1970.

Situation Report

Distribution

LIMITED

Country

SUDAN

Date

AUGUST 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE STATISTICS
Area			2,505,813 sq.kms.
Total Population		10.3 million (1956)	15,186,000 (1969)
Population growth rate			2.8%
Birth Rate			51 per 1,000 (1956)
Death rate			21 per 1,000 (1956)
Infant mortality rate			96 per 1,000
Women in fertile age group (15-44)			3.1 million (1970*)
Population under 20			45%
Urban population			c.10%*
GNP per capita			$100 (1968)
GNP per capita growth rate			- 0.4% (1961-68)
Populatien per doctor			32,557 (1968*)
Population per hospital bed			1,000 (1964*)

GENERAL BACKGROUND

Sudan became an independent state in 1956. Parliamentary government was replaced by a military regime in 1958, and has been followed by a series of political changes.

The vast size of Sudan and isolation of parts of the country, particularly the south, make the gathering of accurate demographic data difficult. The country's main activities are concentrated in the north.

LANGUAGE

Arabic is the principal language in the centre and north. In the south,

East African languages are spoken and Arabic may not be understood. English is widely spoken among the educated.

RELIGION

The majority, in the north and centre, are Muslims, but there are non-Islamic tribal groups in the south.

ECONOMY

Sudan is the largest country in Africa, is mainly agricultural, and has a generally arid climate. The River Nile and its tributaries are among the country's most valuable resources, and the population is concentrated around these sources of water. Arable land is c. 71,000 square kilometers. The 1956 census showed that 87% of the labour force was engaged in primary activity, mainly agricultural and pastoral. The principal access to the sea is at Port Sudan on the Red Sea.

Irrigated agriculture provides the bulk of commercial crops. The most important crop is cotton, which accounts for more than 50% of the total value of exports. There are over 900,000 sq. kms. of forest, and Sudan supplies over 80% of the world's gum arabic. Animal husbandry is also important, and more recently, fruit growing. Minerals do exist, but mining is not important at present. Iron ore, gold, copper and manganese are examples of known minerals.

Main exports in 1968 were ginned cotton, cotton seed, cotton seed oil, dura, groundnuts, gum arabic, oilseed cakes, sesame, hides and skins.

COMMUNICATIONS/EDUCATION

The enormous size of the country makes communication difficult. Railways form the basis of the country's transport network (c. 5,000 miles of track), and the Nile also acts as a highway - steamer services cover over 2,000 miles. There are 5 daily newspapers, 4 in Arabic and 1 in English.

Radios - 46 sets per 1,000 population (1970)
Television - 1.9 sets per 1,000 population (1970)

Television covers only the 3 main towns.

Schools enrolment

	Primary	Secondary
1967-68	480,960 pupils	135,400 pupils

There are 3 universities, 2 in Khartoum and 1 in Omdurman. Instruction at the University of Khartoum is in English.

The illiteracy rate is high, particularly in the southern provinces.

MEDICAL

There is one medical school, where family planning instruction is now given

to senior students. The Ministry of Health maintains over 70 hospitals and 60 health centres. In 1964 there were approximately 430 doctors. 1,195 midwives, and over 13,000 hospital beds.

FAMILY PLANNING SITUATION

The Government supports family planning as part of MCH. The Sudan Family Planning Association has its headquarters in Khartoum and this centre acts as a model clinic. Apart from this, clinics are all housed at Ministry of Public Health centres. The Association runs 2 full time and 7 part time clinics. Local branches supervise smaller clinics in outlying provinces, while contraceptives are provided from Head Office.

Contraceptive advice is also available from private physicians.

SUDAN FAMILY PLANNING ASSOCIATION

The FPA was founded in 1965 with the aim of introducing family planning as a health service for mother and child welfare. The Association gained the support of the Ministry of Health and the Ministry of Social Affairs, and opened the first clinic in the Government Municipal Health Centre in 1966. Progress was hampered for some time through lack of funds and personnel. The decision to include family planning in MCH services was taken by the Ministry of Health in 1969, and a place was set aside for a family planning division in the Department of Preventive and Social Medicine for the first time. This has led to the opening of more clinics. An IPPF grant helped the establishment of a head office for the SFPA in Khartoum, and the Association became an associate member of IPPF in 1971.

ADDRESS

Sudan Family Planning Association,
P.O. Box 170,
Khartoum,

Cables: FAMPLAN KHARTOUM SOUTH
Telephone: 43460

PERSONNEL

President:	Dr. A.R. Atabani
Vice-President:	Dr. A.Mograbie
Secretary:	Mrs. M. Saad

SERVICES

Each Association clinic is staffed by one doctor, one midwife, one nurse, a clerk and a volunteer.

During 1969-70 the SFPA recorded 295 pill users, 653 old pill users, and 200 IUD insertions. Pills are generally much more popular than IUDs. Traditional contraceptives are not widely available.

EDUCATION/INFORMATION

SFPA makes regular use of television, radio and newspapers in spreading family planning information, but the task is made difficult because of poor communication and the high illiteracy rate. Information and education work is at present undertaken by volunteers.

TRAINING

The Association's headquarters act as a training centre. Instruction by medical staff is given to the staff of MCH centres. No particular training projects are planned for 1972.

PLANS

The Association plans to carry out a social survey of the Gezira area, one of the largest irrigated, cotton-growing areas in the country, during 1972. It is hoped that the co-operation of the Department of Statistics will be given.

GOVERNMENT

The Government does not have a population policy, but concern about the growth rate, uneven distribution of population and the settlement of nomads, has lead it to support family planning as part of MCH. Results of the 1956 census had suggested that an increase in the fertility rate took place with the transition from nomadic to agricultural settlement. The decision by the Ministry of Health to include family planning in MCH services was taken in 1969. The Government provides funds for salaries of family planning doctors and paramedical personnel, some clinic rents and equipment.

OTHER ORGANISATIONS

IPPF provides support to the Association.

Pathfinder Fund has contributed family planning literature and contraceptives to the Ministry of Health, and helped start a programme at Omdurman.

SOURCES

S.F.P.A. - Annual Report to Regional Council 1969-70.

Economic Commission for Africa Conference January 1970 - Report of Working Group on Fertility Studies and Evaluation of Population Programmes.

Teheran Workshop, June 1970 - Paper on Status of Family Planning in the Democratic Republic of Sudan by Dr. Abel Rahman Kabbashi, Director of Health Education, Ministry of Public Health.

Situation Report

Distribution LIMITED

Country TUNISIA

Date JULY 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			164,450 sq. kms.
Total Population	3,555,000	4,157,000	5,027,000 (1969 est.)
Population Growth Rate			2.8%* (1967)
Birth Rate	30.8	43.8	45.4* per 1,000 (1967)
Death Rate	8.3	10.1	16.6* per 1,000 (1967)
Infant Mortality Rate			116* per 1,000 (1967)
Women in Fertile Age Group (15-44yrs.)			871,442 (1966)
Population under 15			46.5%
Urban Population			40%
GNP per capita			US$ 220 (1968)
GNP per capita Growth Rate			2.7% (1963-68)
Population per Doctor			8,780 (1964)
Population per Hospital Bed			340 (1964)

*Preliminary result of National Demographic Survey

GENERAL BACKGROUND

Tunisia has been a republic since the abolition of the monarchy in 1957. Most of the towns, and also the greater part of the rural population are concentrated in the coastal areas. The overall density is 31 per sq. km. The largest city is Tunis, the capital, with a population of about 800,000.

ECONOMY

Agriculture and mining are the basis of the economy. 60% of the labour force are engaged in agriculture. The chief agricultural products are wheat, olive oil, wine and fruits. Tunisia has several rich mineral deposits and is one of the world's largest products of phosphates. Iron ore and lead are the other principal minerals and oil production now amounts to over 3 million tons a year, which allows for an expanding export surplus.

COMMUNICATIONS/EDUCATION

The government owned radio station broadcasts in Arabic, French, English, German and Italian. In 1969 there were 374,000 radio receivers.

Television was introduced in northern and central Tunisia in 1966 and by early 1969 transmission reached all the country except the extreme south. Number of television receivers was 50,267 in 1969.

Tunisia is relatively well equipped from an educational point of view. Education is free and approximately 60 per cent of children of school age are enrolled.

The ratio of boys to girls is approximately 2 to 1 in primary schools, 3 to 1 in secondary schools and 4 to 1 at the University. A successful adult education campaign is also underway and in 1966-67 about 18,000 adults were attending literacy courses.

ETHNIC GROUPS

Majority Arab; some French and Italian descendants.

LANGUAGE:

Arabic is the official language. French is widely spoken.

RELIGION

Islam is the state religion.

MEDICAL/SOCIAL WELFARE

Free health services are available to 80 per cent of population. A state social security system provides benefits for sickness, maternity and old age.

FAMILY PLANNING SITUATION

Tunisia has a national family planning programme since 1966. The Government has supported the integration of family planning into maternal and child health services. There is also a voluntary family planning association since 1968.

LEGISLATION

A decree was passed in December 1960 which limited family allowance for industrial workers to four children only. At the same time measures were introduced prohibiting polygamy. A law passed in January 1961 abolished the restriction for the sale and advertising of contraceptives. In 1964, the minimum age for marriage was fixed at 17 for women and 20 for men. In July 1965, the abortion law was amended to permit legal abortion on women having five or more children during the first three months of pregnancy.

FAMILY PLANNING ASSOCIATION

L'Association Tunisienne de Planning Familial,
54 Avenue de la Liberté, Tunis.

Personnel:	President:	Dr. Othman Sfar
	Vice-President:	Mme. Radhia Haddad
	Secretary General:	Mme. Fathia Mzali

HISTORY

L'Association Tunisienne de Planning Familial was founded in April 1968 and became an associate member of the IPPF in 1969. The creation of the Association was motivated in order to revive the Tunisian Family Planning programme.

SERVICES

ATPF has established branches throughout the country and acts principally as an educational and motivational organisation in cooperation with the Government.

The Association has a pilot clinic in Tunis and plans to develop national and regional training courses for French-speaking family planning personnel.

In March 1970 ATPF organised a seminar which gathered two representatives from each Governorate.

The future aims of the Association are expanding educational activities through the use of mass media and printed material as well as through person-to-person communication by full-time personnel, and conducting research and evaluation of contraceptives and clinical services.

GOVERNMENT

The official family planning programme was initiated in June 1966. However, since independence in 1956 a number of legislative steps have been taken in order to reduce the attractiveness of large families. In 1962, discussions on family planning began between the Government of Tunisia and the Ford Foundation. A two-year experimental programme

was agreed upon, to be undertaken by the Tunisian Ministry of Health, with a Ford Foundation grant and technical assistance from the Population Council. At the end of this period, 39 centres had been established and mobile medical teams started to operate in 3 of 13 regions. Medical and para-medical personnel had been recruited and trained. A total of 27,817 women had visited clinics and 18,523 of them had had an IUD insertion.

Founded on these experiences, the national programme was publicly inaugurated in 1966 and in the end of 1967 an accelerated programme was started to lower the birth rate from 46% to 34% by 1975. The Directorate of Maternal and Child Welfare and Family Planning was set up in the Ministry of Health.

SERVICES

Tunisia has some 340 family planning clinics; these include 18 regional hospitals with 20-80 beds; 89 maternal and child welfare centres staffed by midwives and 189 dispensaries staffed by nurses. The creation of mobile teams since 1966 has ensured better coordination between the existing centres. At present, there are 15 mobile units in operation.

The annual numbers of family planning acceptors are as follows:

Year	IUD Insertions	Oral Pill Acceptors	Tubal Ligations
1966	13,850	350	777
1967	9,518	591	755
1968	9,304	4,780	1,610
1969	8,696	7,867	2,513
1970	9,638	9,959	2,537

Condoms, jellies and creams are less popular compared with above methods. It is estimated that in 1969 110,000 cycles of oral pills were sold commercially.

An increase is also noted in number of social abortions:

1965	1966	1967	1968	1969	1970
342	1,393	1,331	2,242	2,860	2,696

The Directorate of Maternity and Child Welfare and Family Planning has produced pamphlets, brochures and posters with the aim of disseminating information on contraceptive methods, human reproduction and on health and social aspects of family planning. Information and education material is also produced for the Radio and T.V. 51 post partum family planning educators are involved in the programme. Studies are underway for the inclusion of family life education in schools.

TRAINING

Training of doctors in Government service in IUD insertions has continued since the beginning of the programme. Educational and motivational courses are arranged for nurses, midwives, auxiliary health workers and social workers involved in family planning activities.

RESEARCH

Several research and evaluation studies have been conducted on subjects related to family planning. A KAP Survey was carried out before the initiation of the national programme.

A national demographic survey was also conducted in order to obtain accurate fertility, mortality and population growth estimates. There were several other studies on IUD retention, use of oral pills, etc.

PLANS

Great efforts are being made to effect a fundamental reorganisation of Tunisia's family planning administration; a proposal has been made to replace the present Directorate with a National Family Planning Institute which would be supervised by a Board under the chairmanship of the Minister of Health, consisting of representatives of the principal Ministries, the Director of the Institute of Statistics, the Family Planning Association, the political party, the Women's Association, the labour union, and the Superior Council of Public Health.

OTHER ORGANISATIONS

Several national organisations, for example the Destourien Social Party and the Women's National Union have shown a great interest in family planning. Both organisations are represented on the ATFP Committee.

Ford Foundation - has provided support to the Government programme from the beginning. The Foundation also subsidizes CERES, the University economic and social research institution, in establishing a demographic seminar and other activities.

Population Council - provides financial and technical assistance to the national programme with Ford Foundation grants.

The International Bank for Reconstruction and Development - has sent four missions to Tunisia to study the possibilities of a loan for family planning purposes and in March 1971 approved a project to further develop family planning services. The project will be completed in 1975 and the grant provided by the Bank is $4.8 million.

The World Health Organisation - is developing a project with United Nations Population Activities Fund for a national training and research centre.

USAID - has provided financial and technical assistance to the national programme since 1968.

The Swedish International Development Agency - has helped for maternal and child welfare and family planning programme. Recently a resident adviser in mass communication and publicity has been sent to Tunisia.

The Government of the Netherlands - has given aid for a two-year project to help implement the family planning programme under which personnel and equipment for medical training and research are provided.

The US Department of Health, Education and Welfare - UNESCO, UNICEF and CARE are among the other organisations providing assistance to the Tunisian family planning programme.

The Government of German Federal Republic - will provide assistance to ATFP for building a family planning centre.

SOURCES

UN Demographic Yearbook, 1969

Europa Yearbook, 1971

The Annual Report of the Tunisian Family Planning Association to the Regional Council, 1969-1970.

Population Programme Assistance, October 1970, US Agency for International Development.

Mohammed Riza, "The Tunisian Family Planning Programme", paper presented to the International Workshop on Communications in Family Planning, June 1970, Teheran, Iran.

W.G. Pover and G.F. Brown, "Tunisia's Experience in Family Planning", Demography, Vol.5, No.2, 1968.

J. Vallin, "Limitation des naissances en Tunisie. Efforts et resultants" Population, Numero Special, Mars 1971, pp 181-204.

N.B. Knox, "Population Programmes of Tunisia", mimeograph, 15 April 1971.

Situation Report

Distribution

LIMITED

Country U.S.A.

Date JULY 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			9,363,353 sq.kms.[1]
TOTAL POPULATION	152,271,000	179,323,175[1]	204,765,770 (1970)[2]
POPULATION GROWTH RATE			1.2% (1963-69)[1]
BIRTH RATE	23.5[1]	23.7[1]	18.0 per 1,000 (1970)[2]
DEATH RATE	9.6[1]	9.5[1]	9.4 per 1,000 (1970)[2]
INFANT MORTALITY RATE	29.2[1]	26.0[1]	20.8 per 1,000 (1969)[1]
WOMEN IN FERTILE AGE GROUP (15-49 YRS)			47,904,000 (1969E)[1]
POPULATION UNDER 15			29% (1969E)[1]
URBAN POPULATION			56% (1968E)[1]
GNP PER CAPITA			US$ 3,980 (1968)[3]
GNP PER CAPITAL GROWTH RATE			3.4% (1961-68)[3]
POPULATION PER DOCTOR			650 (1967)[4]
POPULATION PER HOSPITAL BED			109 (1967)[4]

E - estimate

1. UN Demographic Yearbook
2. US Bureau of the Census.
3. World Bank Atlas, 1970.
4. Fourth Report on the World Health Situation 1965-1968 WHO.

I. GENERAL BACKGROUND

The United States of America form a federal republic, each of the fifty states possessing a certain degree of internal self-government. The population is urbanised and integrated; in 1968, 27 urban areas, centred on cities, had over a million inhabitants, and 35 others had between 500,000 and a million inhabitants. The largest urban area is New York: 1968, 11,551,000 inhabitants.

Immigration has been a major factor in population growth in the USA? reaching its peak in the period from 1901 to 1910, when 8.7 million immigrants arrived, the majority from Europe. In the period 1961 to 1969, 2.9 million immigrants entered the USA. Immigration is a significant component of the net annual increase of population; in 1969, for example, almost 20% of the total increase was accounted for by immigration.

Ethnic

A very large number of national and racial origins are represented in the USA, as a result of the very extensive immigration. Nearly 90% of the population are white, and approximately 10% are black.

Language

English: there are significant Spanish speaking groups from Mexico, Cuba and Puerto Rico.

Religion

There are over 200 religious denominations; approximately 34% of the population are Protestant and 24% Roman Catholic.

Economy

The USA has a highly diversified, industrially-based economy. Agricultural production is mechanised and capital-intensive, employing only 5% of the total employed population but providing 20% of total exports. The country is almost self-sufficient in production. There is a large service sector, employing over 30 million persons. USA investment abroad is very extensive; in 1968, it was estimated at 146,134 million US dollars. Foreign aid and assistance is also considerable; in 1969, it was estimated at over 4,474 million US dollars (this includes both military and non-military assistance).

Communications/Education

Internal and external transport communications are extensive and comprehensive, by road, rail, sea and air.

In 1967[5], there were 1,749 daily newspapers, (337 per 1,000 inhabitants), 10,109 non-daily, general interest newspapers, and 9,400 other periodicals.

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5. UNESCO Statistical Yearbook, 1969

There were 9,800 cinemas in 1967 - 35 seats per 1,000 inhabitants. In 1967 there were 6,337 radio transmitters, and 285 million receivers, (1,431 per 1,000 inhabitants); in 1966, there were 2,703 television transmitters, and 78 million receivers, (392 per 1,000 inhabitants). By 1969 an estimated 95% of homes had television, and 32% had television in colour.

Education is chiefly a state responsibility, and although schooling is compulsory, the period of compulsion varies from state to state. The duration is 10, 11, or 12 years, and ranges from ages 6, 7 or 8, to 16, 17, or 18 years. Public education is free. The Education Act of 1965 made federal funds available for the first time for the general improvement of primary and secondary schools. In 1967, 2,414,000 pupils were in pre-school educational institutes, 32,181,000 pupils were at primary level, 18,006,000 were at secondary level, and 6,911,748 students were in higher education.

Medical/Social Welfare

Medical services are provided in the private and public sectors. The Federal Department of Health, Education and Welfare (HEW) administers 70% of all federal expenditure on health. Through Medicare and Medicaid, the Federal Government helps elderly and indigent citizens to meet the costs of medical care. Preventive health services and medical care for mothers and children are administered through the Children's Bureau, an agency of HEW, and the services, including complete maternity care, family planning services, and care for pre-school and school age children, are reaching a growing number of low-income families, although the total number remains small. The majority of health and medical care is, however, delivered through the private sector.

Welfare care is also provided in both the private and public sectors - the 1970 Federal Family Assistance programme provides a federally guaranteed minimum annual income and benefits for the working poor.

II. FAMILY PLANNING SITUATION

The USA's low annual growth rate indicates a wide knowledge and practice of some form of contraception. The distribution channels include commercial sales of male contraceptives on a wide basis, but no exact statistics on usage are available. Family planning services are also available from private doctors, from the clinics run by the affiliates of the Planned Parenthood Federation of America (PPFA) which is the private family planning association of the USA, and from some state and local tax-supported agencies. In 1970, the Federal Government committed itself to making family planning services available without regard to family income. It is the aim of the PPFA and of the Federal programme to reach the hard-core of approximately 5 million women from low-income groups who are in greatest need of family planning services, for health, economic and other reasons.

Attitudes

Over the past five years, private and public concern for population growth, environment and pollution, and support for population control and family planning, have grown considerably. A more liberal attitude towards sterilization and abortion has spread, and there has been a growing tendency to interpret existing abortion laws in a less restrictive manner. The Federal Government has assumed, through legislative action, an active role in promoting family planning services, and in contribution to the regulation of population and environment

There is no widespread racial or religious opposition to family planning. However, the Roman Catholic hierachy has opposed the Federal Government's involvement in birth control; there is also Catholic opposition to abortion law reform.

Legislation

The right to legislate on abortion falls within state, not federal jurisdiction, and the law varies considerably from state to state. Since 1965, there has been a strong shift in attitudes towards the liberalization of state laws, and by 1971, the legislatures in 12 states had modified the law in some degree to permit therapeutic abortion. Of these, four jurisdictions - Alaska, Hawaii, New York and Washington - had by 1971 removed abortion from the penal code.

By 1971, there were no state or federal laws prohibiting doctors from performing sterilizations.

There is no legal prohibition on the dissemination of birth control information, or on the sale of birth control devices. However, in some states, legislation restricts the distribution and/or the advertisement of contraceptives.

Family Planning Association

History

The founder of PPFA, Margaret Sanger, set up the first birth control clinic in the USA in 1916. The number of affiliates has grown rapidly, in particular over the past decade, as PPFA established the acceptability and desirability of birth control and family planning. By the end of 1970, there were189 affiliates throughout the USA. PPFA is a member of the IPPF. The national office of PPFA is known as Planned Parenthood - World Population (PP-WP).

Address

Planned Parenthood - World Population,
810 Seventh Avenue,
New York,
N.Y. 10019,
U.S.A.

Personnel

President:	Dr. Alan F. Guttmacher
Chairman:	Dr. Joseph D. Beasley.
Chief Executive Officer:	Mr. John C. Robbins
Director, Information & Education	Mr. Robin Elliott,
Associate Director, Information & Education	Mr. Roger Davis

Services[6]

In 1970, the 189 affiliates of PP-WP served over 413,000 clients seeking contraceptive advice, an increase of 20% over 1969. Affiliate activities were also expanded to include voluntary sterilization and abortion. 11 affiliates established vasectomy services, and one, in Syracuse, N.Y., opened an abortion clinic. Many other affiliates offered abortion, and male and female sterilization counselling and referral programmes. These activities reflected the liberalized abortion laws and the change in popular attitudes towards sterilization.

Other services offered included pregnancy testing, (74 affiliates), and venereal disease testing, (44 affiliates); premarital and marital counselling, and cancer detection services are all part of the established programmes.

The majority of patients chose the oral pill as a contraceptive method. The characteristics of clients in 1970 showed an increase in women under 20 years of age, to 30% of the total, (in 1969, 26% of the total); it was also shown that more women were seeking aid after the birth of a first child. There was a change in the ethnic composition of clients: in 1970, white clients had risen to 60% of the total number of new clients, as opposed to 40% in 1965. Service records show that black americans are attending Planned Parenthood clinics in approximately the same proportion as there are black women in need of family planning in the USA.

The PP-WP Center for Family Planning Program Development, in a study of the 3,072 counties of the USA , reported that despite a 42% growth in services over 18 months, in 1969 four out of five women were still not reached by family planning services. Over half the counties had no identifiable family planning and most service growth continued to be concentrated in relatively few populous counties. The survey also reported that considerable unused potential for services existed throughout the country.

Technical Assistance

The Center for Family Planning Programme Development is PP-WP's technical assistance division. Its activities include planning and research related to services' development, publishing the technical family planning journal "Perspectives", assisting local agencies in making applications for federal grants, and serving as a source of information to public and private agencies in the field. In 1970, the Center helped to develop 18 projects for family planning community programmes, which have received funding totalling 4.1 million dollars.

Education/Information

PP-WP has an active information and education department. Distribution of materials doubled in 1970, as the demand for information grew, and included 3.3. million pieces of educational literature, 772 audio-visual aids, and 1.4 million campaign promoters and folders. Twenty new pamphlets

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6. Planned Parenthood - World Population. Annual Report 1970.

were published, including booklets on abortion, sterilization and pill safety. Packets of population/family planning education materials were distributed to 4,500 school libraries.

The selection of Planned Parenthood by the Advertising Council for major public service support by the mass media, has led to greatly expanded communications. A national educational campaign is to begin in early autumn of 1971, with contributed time and space worth 15 million US dollars per annum at commercial rates. PP-WP and IPPF have jointly produced an international family planning documentary film, entitled "Day Before Tomorrow".

PP-WP undertakes extensive fund-raising activities; in 1970, 2.4 million US dollars, or 34% of its total revenue, was contributed to the IPPF.

Sex Education and Youth Oriented Activities

PP-WP assists student groups with the development of population education and clinic service programmes on the college campus. Planned Parenthood affiliates operate 22 special clinics for teenagers, and over half the affiliates conduct community education programmes on population, sexuality, and contraception, in particular for young people. PP-WP staff helped in the preparation of the White House Conference on Children, one of whose sessions dealt with Family Planning and Economics. The Conference recommended that publicly funded, consumer-determined programmes of family life, sex and population education, should be developed. Staff have assisted also the development of population education curricula at selected teachers' training institutions.

Training

There is a shortage of qualified personnel to staff family planning programmes. PP-WP operates a training and manpower development corps, to design and test training techniques and materials. In 1970, its work included a project to train paraprofessionals and their supervisers, with funds from the Office of Economic Opportunity, (O.E.O.), PP-WP and local affiliates cooperate with schools of medicine and nursing, and in 1970, orientation programmes were conducted for 54,149 doctors, nurses, social workers, public health personnel and professionals.

Research

A considerable part of PP-WP's budget is devoted to research; it also contributes to the Margaret Sanger Research Bureau. Actitivities include clinical and laboratory research on contraceptive methods, evaluation of services available and of needs, and work on an automated record system, being extended to all PP-WP affiliates.

Government

The first small Federal Government grant to family planning was made in 1965. By 1970, approximately 58 million US dollars were being spent by various Government agencies in this field, in particular within the programmes for low-income families run by the Children's Bureau of HEW, and by the O.E.O. The funding mainly supports existing facilities.

In 1969 and 1970, Federal involvement in the related problems of population, family planning and the environment, expanded. In July 1969, the first Presidential message ever was delivered to Congress on the national and international implications of rapid population growth. The President requested Congress to establish a National Commission on Population Growth and the American Future, and he called for increased priority to be given to family planning and population research. The aim was to make servicesavailable to all families in the USA, regardless of income, but in particular to reach the 5 million women classified as indigent within the next five years.

In 1970, Congress tacitly approved, at the President's request, the creation of a new Environmental Protection Agency. The Environmental Education Act was passed, under which population studies are to be included in school curricula.

The most important legislative act of 1970, was the passing of the Family Planning Services and Population Research Bill, in July 1970; it is known as the Tydings Bill, after its chief sponsor, Senator Joseph Tydings of Maryland. The Act authorises an additional 382 million US dollars for family planning and related research over the three year period, 1971-1973.

The National Commission on Population and the American Future was established in 1970 and published its interim report in March 1971. In April 1971, the Federal Government officially sponsored Earth Week, during which public and private activities were organized to emphasise the need to improve the quality of life.

Other Organizations

There are many private organizations in the USA, actively engaged in the promotion, funding and research aspects of family planning and population, both within the USA and abroad. The following is a representative list of the more well-known:

1. The American Friends Service Committee

American Friends Service Committee,
160 North Fifteenth Street,
Philadelphia,
Pennsylvania, 19102.

The Committee, founded in 1917, has as its goal the improvement of conditions of life throughout the world; it was awarded the Nobel Peace prize in 1947. It is currently assisting family planning programmes in the developing world.

2. The Association for Voluntary Sterilization

Association for Voluntary Sterilization,
14 West 40th Street,
New York, N.Y. 10018.

The Association conducts programmes of education, research and services on voluntary sterlization.

3. The Association for the Study of Abortion

Association for the Study of Abortion, Inc.,
120 West 57th Street,
New York, N.Y. 10019.

The Association coordinates information on the abortion problem and carries our research work.

4. The Carolina Population Center

Carolina Population Center,
University of North Carolina,
University Square,
Chapel Hill, N.C. 27514.

With an annual budget of approximately 2 million US dollars, this is the largest university based population centre in the world. It supports world-wide non-governmental population and family planning efforts through its programmes of research, training and education.

5. Center for Population Planning, University of Michigan

Center for Population Planning,
University of Michigan,
1225 South University Avenue,
Ann Arbor,
Michigan 48104.

The Center carries out research and evaluation projects on population and family planning programmes.

6. The East-West Center

East-West Center,
Honolulu,
Hawaii 96822.

The Center, formally known as the Center for Cultural and Technical Interchange Between East and West, was set up by the US Government in 1960, in cooperation with the University of Hawaii, and is funded primarily by annual Congressional appropriations. Among the Center's Institutes is the Population Institute, which is carrying out research and training projects aimed at the solution of the economic, social and environmental effects of population change, in Asia, in the Pacific Region and in the USA.

7. The Ford Foundation

The Ford Foundation,
320 East 43rd Street,
New York, N.Y. 10017.

The Ford Foundation has made 15 grants, totalling nearly 3 million US dollars for population programmes in 1971. Over half the funds are for research and training in reproductive biology; about a quarter of the funds are for international family planning programmes, and small grants are for studies in economic demography and in the legal implications of population policies.

8. The Margaret Sanger Research Bureau

The Margaret Sanger Research Bureau,
17 West 16th Street,
New York, N.Y. 10011.

The Bureau has been active for nearly 50 years, providing contraceptive services and training for medical and other professional workers, including a few from abroad, and conducting intensive research programmes.

9. The Pathfinder Fund

The Pathfinder Fund,
850 Boylston Street,
Boston (Chesnut Hill),
Massachusetts 02167.

The Fund supports family planning and population programmes in 90 developing countries thoughout the world. Its activities are financed from its own resources, from private funds and from US Government grants.

10. The Population Council

The Population Council,
245 Park Avenue,
New York,
N.Y. 10017.

Established in 1952, the Council is a private, non-profit organisation seeking to foster research, training and technical assistance in the social and bio-medical sciences. It is currently concentrating on the problems of rapid population growth, in particular in the developing world.

11. Population Crisis Committee

Population Crisis Committee,
1730 K. Street, N.W.,
Washington, D.C. 20006.

The Committee was founded in 1965 with the aim of promoting public understanding of the population crisis, and of encouraging private and government leaders to increase their programmes to help to resolve it.

12. The Population Reference Bureau

Population Reference Bureau Inc.,
1755 Massachusetts Avenue, N.W.,
Washington, D.C. 20036.

The Bureau was founded in 1929, as a private, non-profit organisation, to gather, coordinate, analyse, interpret, publish and distribute information on population and related subjects.

13. The Rockefeller Foundation

The Rockefeller Foundation,
111 West 50th Street,
New York, N.Y. 10020.

The Foundation provides support in the field of family planning research and teaching, social science education, family planning education, motivation, and training, and environmental studies. It seeks to complement activities in these fields by government and by other private agencies.

14. Sex Education and Information Council of the United States. SIECUS.

SIECUS.,
1855 Broadway,
New York, N.Y. 10023.

SIECUS was founded in 1965; it coordinates sex education and information, and carries out research into sex behaviour, sex education and related subjects.

15. The Victor-Bostrom Fund

Victor-Bostrom Fund Committee,
1730 K. Street, N.W.,
Washington, D.C. 20006.

The Fund was originally established in 1966, to provide family planning facilities in developing countries. It was reactivated in 1968. It has been an important source of IPPF financial support.

16. World Neighbors.

World Neighbors,
5116 North Portland,
Oklahoma City,
Oklahoma.

World Neighbors takes part in self-help programmes of community development in rural areas in Asia, Africa and Latin America. Since 1964, family planning has been increasingly prominent in the programmes.

17. Zero Population Growth. ZPG.

Zero Population Growth Inc.,
367, State Street,
Los Altos,
California 94022.

ZPG was founded in 1969; it is a political action group whose aim is to achieve population stability in the USA. It has 325 chapters in 45 states, and an estimated 26,000 members.

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